## **DEPT OF HEALTH & MENTAL HYGIENE**

EXEC - HCF - PHS - OPS SECRETARIAT

OFFICE / ADMINISTRATION / LOCATION

**State Records Center Dept of General Services** 7275 Waterloo Road P.O. Box 275 Jessup MD 20794-0275 (410) 799-1379

## **DHMH Instructions: Prepare 4 Copies**

- Distribution:
  1. YOUR UNIT'S FILE
- 2. RECORDS COORDINATOR (PRGM/ADMIN) FILE
  3. STATE RECORDS CTR
- 4. DHMH RECORDS OFFICER (Notify before Disposal) (410) 767-5934

DIVISION / UNIT

## CERTIFICATE OF RECORDS DISPOSAL

No.	DESCRIPTION OF RECORDS (FROMSCHEDULE FORM) [FORMAT: PAPER, FILM, DISK, ETC]	AUTHORIZATION*		INCLUSIVE	VOLUME	DATE OF	DISPOSAL
		SCHEDULE #	Ітем	Dates of Records	(FT³) (Boxes)	DISPOSAL	METHOD (TRASH, SHRED, BURN, ETC)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

*Records must be listed on an Authorized Schedule, I hereby certify that the records listed above was a second sec		EMENTS BEFORE DISPOSAL IS ALLOWED.
SIGNATURE	TITLE	DATE